



Connecticut State Department of Education  
Bureau of Health/Nutrition, Family  
Services and Adult Education  
25 Industrial Park Road  
Middletown, CT 06457-1543

**FOR STATE USE ONLY**

Effective Date:	_____
<b>AGREEMENT NUMBERS:</b>	
School Programs	_____
Child Day Care Centers	_____
Adult Day Care Centers	_____
Day Care Homes	_____
Summer Food Service	_____

**AUTHORIZED SIGNATURES CHANGE FORM**

Read the *Instructions to Complete the Authorized Signatures Change Form* before completing the form. Return this form to the CSDE Child Nutrition Programs at the address above.

This is to certify that on \_\_\_\_\_, as shown in the minutes of  
Date

\_\_\_\_\_  
Name of Corporation, Board of Education or Governing Body

the following action was taken to revise the Authorized Signers of the **ED-099 Agreement for Child Nutrition Programs**.

1. The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

_____ Signature	_____ Printed Name
_____ Title (Superintendent of Schools, Mayor, Selectman, President or Chairperson of the Board, Pastor or Commissioner)	_____ Date

2. In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

_____ Signature	_____ Printed Name
_____ Title (Assistant Superintendent, Business Official, Principal, Headmaster, City or Town Manager, Executive Director or Deputy Commissioner)	_____ Date

3. The signature below certifies the above action.

_____ Signature	_____ Title (Secretary of Corporation, Town Clerk, Secretary of the Board)
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This form is available at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/sigchange.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/sigchange.pdf).  
The instructions are available at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/sigchangeinstr.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/sigchangeinstr.pdf)